

|               |             |       |                |                     |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/311,611    | 05/13/99    | 348   | 2711           | SWA-3.2.016/        |

APPLICANT

FRANK B. NORMAN, NEW WESTMINSTER, CANADA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A DIV OF 08/668,816 06/24/96

Q

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

Q NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

Q NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/C2/99

|                                                             |                                                                                                                                                                              |                  |                |              |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS |
| Verified and Acknowledged                                   | Examiner's Initials <u>Q</u>                                                                                                                                                 | CAX              | 5              | 19           |

ADDRESS

COBRIN GITTES & SAMUEL  
750 LEXINGTON AVENUE  
NEW YORK NY 10022

TITLE

INTERACTIVE REVERSE CHANNEL FOR DIRECT BROADCAST SATELLITE SYSTEM

|                     |                                                                                                                 |                                                                                                                                                                                                                                                              |
|---------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| \$916               |                                                                                                                 |                                                                                                                                                                                                                                                              |